



# VERMONT STATE HOUSING AUTHORITY

## APPLICATION FOR ASSISTANCE

Please complete with pen or type

Thank you for your interest in the housing managed by the Vermont State Housing Authority.

The Vermont State Housing Authority manages apartments throughout the State of Vermont, many of which have rental assistance available to help you pay the rent. Eligibility is based on income, household composition, and suitability. The information you provide on this application and its attachments will be used to determine if you are eligible and suitable for the housing we manage and how much rent you will have to pay.

All eligible applicants are placed on a waiting list if funds or apartments are not available at the time the application is processed.

### **Instructions:**

Read this application carefully and fill out each section that applies to you or a member of your household. Provide as much information as possible. If you cannot fit all information in the space provided, use the space provided at the end of this application and add additional sheets as necessary. Many of the forms require all adult household members to sign: please make additional copies of such forms as necessary for your individual household.

Upon reasonable request, an accommodation will be provided to applicants to complete this application. This application can be made available in alternative formats (for example: large print, Braille or tape) by contacting us. IF YOU NEED TO REQUEST A REASONABLE ACCOMMODATION, SUCH AS NEEDING ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE CONTACT US AT THE NUMBERS BELOW.

One Prospect Street  
Montpelier VT 05602-3556  
TTY: 800-798-3118  
Message Only: 800-820-5119  
[www.vsha.org](http://www.vsha.org)



**EQUAL HOUSING  
OPPORTUNITY**

THE PROPERTIES LISTED BELOW ARE MANAGED BY THE VSHA. CHECK THE PROPERTIES FOR WHICH YOU  
WOULD LIKE TO BE CONSIDERED. PLEASE ALSO BE SURE TO SELECT THE BEDROOM SIZE(S)

County/Town	Property	Bedroom(s)	Type
<u>Addison County</u>			
Middlebury	<input type="checkbox"/> Middlebury Commons	<input type="checkbox"/> 1	Elderly / Disabled
Vergennes	<input type="checkbox"/> Valley View II	<input type="checkbox"/> 1	Elderly / Disabled
<u>Chittenden County</u>			
Milton	<input type="checkbox"/> Meadowlane Apartments	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Elderly / Disabled
<u>Franklin County</u>			
St. Albans	<input type="checkbox"/> Hillcrest Views	<input type="checkbox"/> 2	Family
	<input type="checkbox"/> Welden Villa	<input type="checkbox"/> 1	Elderly / Disabled
Swanton	<input type="checkbox"/> Village Apartments	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Elderly / Disabled
<u>Lamoille County</u>			
Morrisville	<input type="checkbox"/> Colonial Manor	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Family
<u>Orange County</u>			
Williamstown	<input type="checkbox"/> Meadowbrook Place	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Family
<u>Orleans County</u>			
Greensboro	<input type="checkbox"/> Lauredon Village	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Elderly / Disabled
<u>Rutland County</u>			
Brandon	<input type="checkbox"/> Neshobe House	<input type="checkbox"/> 1	Elderly / Disabled
<u>Washington County</u>			
Berlin	<input type="checkbox"/> Hilltop Townhouses	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Family
Marshfield	<input type="checkbox"/> Hollister Hill	<input type="checkbox"/> 2 <input type="checkbox"/> 3	Family
Moretown	<input type="checkbox"/> Fairground Apartments	<input type="checkbox"/> 1	Elderly / Disabled
Northfield	<input type="checkbox"/> Dogwood Glen I	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Family
	<input type="checkbox"/> Dogwood Glen II	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Elderly / Family
	<input type="checkbox"/> Green Mountain Apartments	<input type="checkbox"/> 1	Elderly / Disabled
Plainfield	<input type="checkbox"/> School Street Apartments	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Elderly / Family
<u>Windsor County</u>			
Bethel	<input type="checkbox"/> Depot I	<input type="checkbox"/> 1	Elderly / Disabled
	<input type="checkbox"/> Depot II	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Elderly / Family
South Royalton	<input type="checkbox"/> Brightwood House	<input type="checkbox"/> 1	Elderly / Disabled
Wilder	<input type="checkbox"/> Hollow Drive	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Family
White River Junction	<input type="checkbox"/> Northwoods I	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Family
	<input type="checkbox"/> Northwoods II	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Family
	<input type="checkbox"/> Colodny Building	<input type="checkbox"/> 1	Elderly / Disabled

CHECKLIST:

It is important that you complete all sections of this application, providing complete addresses and signing in all applicable areas. Before returning your application, please review the checklist below to ensure that your application is complete. Incomplete or unsigned applications will be returned.

HAVE YOU ? ? ? ? ?

- Indicated which properties and bedroom size(s) you are applying for?
- Completed Part 1 – Contact Information?
- Completed Part 2 – Family Composition (have you listed everyone who will be a member of your household)?
- Completed Part 3 – Income (have you provided all sources of household income)?
- Completed Part 4 – Assets (have you provided complete names, addresses and account numbers)?
- Completed Part 5 – Expenses (have you provided complete names, addresses and account numbers)?
- Completed Part 6 – References (have you provided complete names, addresses and telephone numbers)?
- Completed Part 7 – General Information Questionnaire (have you answered every question)?
- Completed Part 8 – Zero Income Questionnaire (has every adult member of the household who is reporting no income completed this questionnaire)?
- Completed Part 9 – HUD/Federally Mandated Excluded Income (has every adult member of the household who receives any income category completed this section?)
- Completed Part 10 – Applicant Certification & Release (has this section been signed)?
- Completed a General Release Form for every adult member of the household?
- Completed the HUD Privacy Act Notice for every adult member of the household?
- Completed a Request For Criminal Record Check for every adult member of the household?
- Completed an Authorization to Release Credit Information for every adult member of the household?
- Completed the Applicant Certification?
- Completed the Declaration of Citizenship (including all members of the household)?
- Completed an Ethnicity & Racial Data form for every member of the household?
- Completed HUD Form 9887-A (Applicant's/Tenant's Consent to the Release of Information)?
- Completed HUD Form 9887 (Notice and Consent for the Release of Information)?
- Completed HUD Form 92006 (Supplemental and Optional Contact Information)? Completion of this form is optional.

Completed applications may be mailed to:

Vermont State Housing Authority  
One Prospect Street  
Montpelier VT 05602-3556

or delivered to the above address during office hours which are Monday-Friday, 7:45 AM – 4:30 PM.

You may also drop your application off at any of our regional offices. Please call the office closest to you to schedule a time to drop off your application:

White River Junction: 295-8883  
Middlebury: 388-1005  
St. Albans: 527-1071

## PRIVACY ACT STATEMENT

The Vermont State Housing Authority will comply with the Federal Privacy Act Statement and will use the information on this form to determine maximum income for eligibility, recommended unit size, and amount of the individual contribution by the tenant(s). Any information obtained will not be disclosed outside the Authority except as required and permitted by law. You do not have to give us this information; but, if you do not, your eligibility approval may be delayed or rejected. The Authority is authorized to ask for this information under the above as authorized under the U.S. Housing Act of 1937, as amended (42 U.S.C., 1437 et. seq.) and the Housing and Community Development Act of 1981 (Public 97-35, 85 Stat., 348, 408). Applicants applying for federally-funded programs will be required to sign a Federal Privacy Act Statement as part of the application process.

## VERMONT STATE HOUSING AUTHORITY REASONABLE ACCOMMODATIONS

The Vermont State Housing Authority complies with state and federal laws requiring housing providers to make reasonable accommodations or changes to either rules, procedures and housing units or properties if such changes are necessary to enable a person with a disability to have equal access to and enjoyment of the unit, property, facility or program.

Reasonable accommodations will be made during the application process and during an individual's participation in our programs provided the accommodation does not present an undue financial or administrative burden. Any accommodation or change must be necessary for the individual to have equal access and enjoyment of the housing and programs, not just be desirable.

The Authority will consider suggested accommodations from an individual and determine whether the request is reasonable from a financial and administrative point of view. If such accommodation is not reasonable, the Authority will work with the individual to provide an alternative accommodation that would meet their disability needs.

VERMONT STATE HOUSING AUTHORITY  
EQUAL OPPORTUNITY AND NONDISCRIMINATION POLICY STATEMENT

The Vermont State Housing Authority (VSHA) will comply with Title VI of the Civil Rights Act of 1964 and Title VIII of the Civil Rights Act of 1968; Section 504 of the Rehabilitation Act of 1973; Executive Order 11063; Executive Order 13166; Fair Housing Amendments Act of 1988; The Americans With Disabilities Act of 1990; and with the laws of the State of Vermont prohibiting discrimination in public accommodations and in employment practices, and all related rules, regulations and requirements thereunder.

The VSHA will not, on account of race, color, creed or religion, national origin, sex, sexual orientation, gender identity, ancestry or place of birth, age, U.S. Military Veteran status, familial status, marital status, disability, or HIV status, deny to any person the opportunity to apply for admission nor deny to an eligible applicant the opportunity to lease or rent a dwelling unit suitable to its needs. Further, in the selection of tenants, there will be no discrimination against persons otherwise eligible for admission because their income is derived whole or in part from public assistance. VSHA will not discriminate against selected tenants, and discrimination by one tenant against another is unacceptable and will not be condoned.

The Vermont State Housing Authority will not discriminate against any person or group on the basis of disability, in admission or access to, or treatment and employment in, any of VSHA's facilities, programs and activities, policies, procedures and practices, as and to the extent provided by law.

VSHA's housing programs shall be administered without regard to and shall not discriminate on the basis of race, color, creed or religion, national origin, sex, sexual orientation, gender identity, ancestry or place of birth, age, U.S. Military Veteran status, familial status, marital status, disability or HIV status.

Further, the VSHA's personnel actions, including but not limited to recruitment, hiring, training, promotion on the basis of merit, are administered without regard to and shall not discriminate on the basis of race, color, creed or religion, national origin, sex, sexual orientation, gender identity, ancestry or place of birth, age, U.S. Military Veteran status, familial status, marital status, disability or HIV status.

The VSHA Director of Human Resources and Administration has been designated as the responsible employee to coordinate activities under this policy. Inquiries or grievances concerning compliance with this policy statement may be addressed to Arlene M. Shorten-Goodrich, Coordinator – Nondiscrimination Policies, the Vermont State Housing Authority, One Prospect Street, Montpelier, VT 05602-3556; 802-828-3295; 800-798-3118 (TTY); 800-820-5119 (Message Line).

You may also file a housing program grievance with the Vermont Human Rights Commission, 800-416-2010 (Voice and TTY) or 802-828-2480 (Voice and TTY). If you have questions regarding your rights as a disabled tenant or need assistance, you may also contact: Vermont Legal Aid, 800-889-2047; Fair Housing Project of the CVOEO, 800-287-7971 or 802-864-3334; or the Vermont Center for Independent Living, 800-639-1522 (Voice and TTY) or 802-229-0501 (Voice and TTY).

This statement is available in alternative formats (for example: large print, Braille and tape) by contacting Arlene M. Shorten-Goodrich at the address and numbers listed above. (May 2007)

PART 1 – APPLICANT INFORMATION			
NAME	First Name	Last	Middle Initial/Maiden
MAILING ADDRESS	PO Box / Street	City/Town	State / Zip Code
PHYSICAL ADDRESS	Street Address	City/Town	State / Zip Code
TELEPHONE NUMBERS	Home	Message	Work
CONTACT PERSON	Name	Address	Telephone

YOU MUST COMPLETE EVERY PART OF THIS APPLICATION.

IF A SECTION DOES NOT APPLY TO YOUR HOUSEHOLD, PLEASE WRITE  
“None” or “N/A”.

<p>***** <u>SOCIAL SECURITY DOCUMENTATION</u> *****</p>
<p>All household members must provide a valid Social Security Number (SSN) evidenced by an original Social Security Card or an original document issued by a federal or state governmental agency which contains the name and SSN of the household member and other identifying information of the household member.</p>

<p>FOR OFFICE USE ONLY</p>	Staff Name:
	Date Received:
	Time Received:

## PART 2 – FAMILY COMPOSITION

List all persons who will be living in the household when you receive rental assistance. Indicate household member(s) who will live in the unit on a part-time basis by checking the appropriate box.

Name	Relation to Head of Household	Soc Sec # or Alien Registration #	Sex	Age	Date of Birth	Place of Birth	Check <b><u>ALL</u></b> boxes that apply	<b>SCHOOL</b>
							<input type="checkbox"/> Disabled <input type="checkbox"/> Handicap <input type="checkbox"/> Pregnant <input type="checkbox"/> Veteran <input type="checkbox"/> Victim of Natural Disaster	<input type="checkbox"/> Not in school <input type="checkbox"/> Part-time student <input type="checkbox"/> Full-time student
	Head of Household						<input type="checkbox"/> Disabled <input type="checkbox"/> Handicap <input type="checkbox"/> Pregnant <input type="checkbox"/> Veteran <input type="checkbox"/> Victim of Natural Disaster	<input type="checkbox"/> Not in school <input type="checkbox"/> Part-time student <input type="checkbox"/> Full-time student
							<input type="checkbox"/> Disabled <input type="checkbox"/> Handicap <input type="checkbox"/> Pregnant <input type="checkbox"/> Veteran <input type="checkbox"/> Victim of Natural Disaster	<input type="checkbox"/> Not in school <input type="checkbox"/> Part-time student <input type="checkbox"/> Full-time student
							<input type="checkbox"/> Disabled <input type="checkbox"/> Handicap <input type="checkbox"/> Pregnant <input type="checkbox"/> Veteran <input type="checkbox"/> Victim of Natural Disaster	<input type="checkbox"/> Not in school <input type="checkbox"/> Part-time student <input type="checkbox"/> Full-time student
							<input type="checkbox"/> Disabled <input type="checkbox"/> Handicap <input type="checkbox"/> Pregnant <input type="checkbox"/> Veteran <input type="checkbox"/> Victim of Natural Disaster	<input type="checkbox"/> Not in school <input type="checkbox"/> Part-time student <input type="checkbox"/> Full-time student
							<input type="checkbox"/> Disabled <input type="checkbox"/> Handicap <input type="checkbox"/> Pregnant <input type="checkbox"/> Veteran <input type="checkbox"/> Victim of Natural Disaster	<input type="checkbox"/> Not in school <input type="checkbox"/> Part-time student <input type="checkbox"/> Full-time student
							<input type="checkbox"/> Disabled <input type="checkbox"/> Handicap <input type="checkbox"/> Pregnant <input type="checkbox"/> Veteran <input type="checkbox"/> Victim of Natural Disaster	<input type="checkbox"/> Not in school <input type="checkbox"/> Part-time student <input type="checkbox"/> Full-time student
							<input type="checkbox"/> Disabled <input type="checkbox"/> Handicap <input type="checkbox"/> Pregnant <input type="checkbox"/> Veteran <input type="checkbox"/> Victim of Natural Disaster	<input type="checkbox"/> Not in school <input type="checkbox"/> Part-time student <input type="checkbox"/> Full-time student

**PART 3 – INCOME**

**EMPLOYMENT INFORMATION:** List all full and/or part-time employment for all members of the household (including self-employment, babysitting, military reserves, etc.)

Family Member	Employer Name & Address	Employer Phone #	Rate/ Hour	Hours/ Week	For VSHA Office Use Only

**OTHER INCOME:** List income from: Welfare, TANF, General Assistance, Social Security, SSI, Pensions, Workers Comp, Unemployment Comp, Child Support, Rental Property, Scholarships, Grants, Work Study, Alimony, etc.

Family Member	Source Name & Address	ID or Claim #	Amount	Check One	For VSHA Office Use Only
				<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
				<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
				<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
				<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	

## PART 4 – ASSETS

List all bank accounts, stocks, bonds, securities, CD's, credit union shares, IRA or Keogh Plans, Savings Bonds, possessions kept for investment purposes, cash in your pocket, etc.

Family Member	Name & Address (Bank, Broker, etc.)	Account #	Balance/ Value	For VSHA Office Use Only

**REAL ESTATE:** Complete for any real estate (land and/or building) you currently own.

Family Member	Complete Address of Real Estate	Appraised Value	Mortgage Balance	Mortgage Holder

Name and address of Mortgage Holder:

Address of Town Clerk where property is located:

**DIVESTURE OF ASSETS:** During the past two (2) years, has any member of the household disposed of, transferred, or otherwise given away any assets for less than what they were worth?     No     Yes

If Yes, please complete the following:

Description of Asset	Cash Value*	Amount Received	Date Disposed of

\*Cash Value is the market value of the asset minus reasonable costs incurred in converting it to cash. This can include early withdrawal penalties and broker/legal fees or settlement costs for real estate transactions.

**PART 5 – EXPENSE INFORMATION**

**CHILD CARE EXPENSES:** List only those expenses for children age 12 and younger which enable you or another household member to work or attend school. List only those expenses you pay out of pocket.

Name & Complete Address of Care Giver	Amount/ Hour	Amount/ Week	For VSHA Office Use Only

**MEDICAL EXPENSES:** Complete this section if head of household or spouse is elderly, disabled or handicapped. List only expenses you pay out of pocket. Include: health insurance, prescriptions, doctors, dentists, eyeglasses, hearing aids, outstanding medical bills.

Family Member	Name & Address (to whom you pay)	Insurance Policy #	Amount	How Often	For VSHA Office Use Only

**HANDICAPPED/ATTENDANT CARE EXPENSES:** List only those expenses which enable a family member (including the handicapped family member) to work.

Name & Complete Address of Care Giver	Amount/ Hour	Amount/ Week	For VSHA Office Use Only

**AUXILIARY APPARATUS ENABLING A HANDICAPPED PERSON TO WORK:** List only those expenses – such as wheelchairs, ramps, or special equipment for the blind – that enable the handicapped person to work.

Apparatus	Name & Address Where Purchased	Cost	For VSHA Office Use Only

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

YES      NO

- Are you requesting a handicapped adjustment to income? (Available to all households in which either the head or co-head is: (1) age 62 or older, or (2) under age 62 and disabled)
- Does any member of the household require special accommodations to participate in the housing programs administered by the VSHA?
- Do you have a companion or service animal? If so, what kind:
- Do you have limitations on climbing stairs? If yes please describe: \_\_\_\_\_  
\_\_\_\_\_
- Are you in need of an apartment with all living space on a single floor?
- Are you in need of a wheelchair accessible apartment? (i.e. roll under cabinets)



## PART 7 – GENERAL INFORMATION

YES      NO

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever lived in subsidized housing <u>or received rental assistance</u> ? If Yes: name of agency that provided or is providing assistance:  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently receiving rental assistance? If Yes: name of agency providing assistance:  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you or any member of the household ever committed any fraud in a federally-assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? If Yes, please explain and give State and date: |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you or any member of the household been arrested or convicted of a drug-related crime? If Yes, please explain and give State(s) and date(s):  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you or any member of the household ever been arrested or convicted for participating in a violent crime? If Yes, please explain and give State(s) and date(s):  |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you or any member of the household ever been convicted of a crime (other than one listed above)? If Yes, please explain and give State(s) and date(s):  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is any member of your household subject to the lifetime sex offender registration program? If Yes, provide name and State(s):  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are any household members currently a full-time student or expected to be within the next 12 months?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have pets? If Yes, what kind:   |
| <input type="checkbox"/> | <input type="checkbox"/> | Some properties do not allow pets. Would you give your pet(s) up for adoption to move into a property?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you or any member of the household ever been evicted from housing or have an eviction pending? If Yes, please provide date(s) and name(s) of landlord(s) or housing authority:  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you now or have you ever been terminated from the Section 8 Certificate or Voucher Program? If Yes, when and why? Please explain:  |

**PART 7 – GENERAL INFORMATION (continued)**

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Do you or any member of your household smoke?
<input type="checkbox"/>	<input type="checkbox"/>	All of our properties are designated smoke-free. You are not permitted to smoke in the apartment or anywhere on the property. Do you agree that your entire household and all guest will abide by this property rule?
<input type="checkbox"/>	<input type="checkbox"/>	Do you or any member of your household currently use illegal drugs or abuse alcohol?
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of your household ever been asked to leave a housing unit or not had a lease renewed? If Yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Do you hold that the apartment applied for will be your household's primary residence and that you will not maintain a separate residence in a different location?
<input type="checkbox"/>	<input type="checkbox"/>	Do you or any member of your household have a Letter of Priority Entitlement (LOPE) letter?
<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of your household ever been evicted from a federally assisted housing unit for drug-related criminal activity within the last three years?
<input type="checkbox"/>	<input type="checkbox"/>	LEFT BLANK FOR FUTURE USE

**CURRENT AND PRIOR STATES OF RESIDENCE**

List all persons who will be living in the household and what their current and ALL prior states of residence were; if no prior states, list "None".

NAME	Current State of Residence	Prior State(s) of Residence

**PART 8 – ZERO INCOME QUESTIONNAIRE**

**ONLY COMPLETE IF YOU HAVE NO INCOME.** Must be completed by every member of the household age 18 and over who is reporting **NOT TO HAVE ANY INCOME.** [MAKE COPIES AS NEEDED]

YES      NO

Have you been employed at any time during the past 12 months? If Yes, please list:

Employer:



Employer's address:

Date you started:

Date you left:

Why you left:

Have you received benefits from any federal, state or local agency during the past 12 months? If Yes, please list for each:



Agency  
Name

Benefit  
Amount

Date  
Started

Date  
Stopped

Why benefits  
stopped

Have you received Social Security, Supplemental Security Income (SSI), Unemployment, TANF, General Assistance (GA), Veteran, Worker's Compensation, or any other payments in the past 12 months? If Yes, please list for each:



Agency  
Name

Amount  
Received

Date Payments  
Started

Date Payments  
Stopped

Did you file Federal or State Income Tax Returns for the prior year? If Yes, please list the State(s):



Have you received alimony or child support during the past 12 months? If Yes, please list:



Who payments  
were from

Amount of  
payments

Frequency  
of payments

Date payments  
started

Date payments  
stopped

Do you have any of the following assets: savings, checking, money market, stocks, bonds, CD's, property or real estate: If Yes, please list:



Type

Account #

Type

Account #

PART 8 – ZERO INCOME QUESTIONNAIRE (continued)

ONLY COMPLETE IF YOU HAVE NO INCOME. Must be completed by every member of the household age 18 and over who is reporting NOT TO HAVE ANY INCOME. [MAKE COPIES AS NEEDED]

YES NO

Do you have internet service? If Yes, how is the bill paid?

Do you have cable service? If Yes, how is the bill paid?

Do you have telephone service? If Yes, how is the bill paid?

Do you have cellular phone service? If Yes, how is the bill paid?

Do you have a pager or beeper? If Yes, how is the bill paid?

Do you smoke? If Yes, how do you buy this item?

Do you have a motor vehicle? If Yes, how do you pay for gas, maintenance, registration, insurance?

Do you have credit cards or installment loans? If Yes, how is the bill paid?

Do you rent movies or attend sporting events, concerts, or other entertainment events that require tickets? If Yes, how are these items paid for?

Do you live in rental housing? If Yes, how are rent, electricity, heat, water/sewer and trash removal paid for?

How do you do laundry?

How do you obtain clothing?

If you receive Food Stamps, how do you obtain non-food items?

**Warning** - Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received, fined up to \$10,000, imprisoned for up to 5 years, and/or prohibited from receiving future assistance.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## PART 9 – HUD/FEDERALLY MANDATED EXCLUDED INCOME

Although not included for purposes of eligibility or rent calculation, HUD requires that any income received from the following categories be documented. Please read the list and fill in any lines that are applicable. If more than one family member receives one category, please list them separately.

<u>Exclusion</u>	<u>Family Member</u>	<u>Annual Amount</u>
Income from employment of children under 18		
Payments received for foster children or foster adults		
Lump Sum additions to family assets (deferred payments, inheritances, capital gains, insurance payments, etc.)		
Medical reimbursements		
Income of a live-in aide		
Student financial aid		
Special Armed Services pay (when family member is exposed to hostile fire)		
Resident Services Stipend (not to exceed \$200/month)		
Sporadic income (gifts, pay of a Census Taker)		
Holocaust Reparation Payments		
Earnings for full-time students 18 years and older which exceed \$480		
Adoption Assistance Payments in excess of \$480		
Developmental Disability Care Payment		
Refunds and rebates for property taxes		
PASS (Plan for Achieving Self-Support – SSI)		
Other publicly-funded programs (amounts specifically for reimbursement of out-of-pocket expenses to allow participation in a specific program)		
HUD-funded training programs		
AmeriCorps living allowance		
Indian settlements/trusts		
Title IV of the Higher Education Act of 1965		
Spina Bifida – any allowance paid under the provisions of 38 U.S.C. 1805 to a child suffering from Spina Bifida who is a child of a Vietnam veteran		

**PART 9 – HUD/FEDERALLY MANDATED EXCLUDED INCOME (continued)**

Although not included for purposes of eligibility or rent calculation, HUD requires that any income received from the following categories be documented. Please read the list and fill in any lines that are applicable. If more than one family member receives one category, please list them separately.

<u>Exclusion</u>	<u>Family Member</u>	<u>Annual Amount</u>
Agent Orange settlements		
Child Care and Development Block Grant Act of 1990		
Earned Income Tax Credit refunds		
Crime Victim compensation		
Title V of the Older Americans Act (Senior Community Service in Employment Program)		

**I hereby certify that the information contained in this application is true and correct to the best of my knowledge.**

\_\_\_\_\_ Head of Household

\_\_\_\_\_ Date

For VSHA Office Use Only	Gross Annual Income _____ Deductions _____ Adjusted Gross Annual Income _____	
For VSHA Office Use Only	Final Eligibility For: <input type="checkbox"/> Project-Based <input type="checkbox"/> Local Preference _____ <input type="checkbox"/> NC/SR/MR <input type="checkbox"/> Rural Development <input type="checkbox"/> Low-Income Housing Tax Credits	Staff Name _____  Date Received _____  Time Received _____

## PART 10 – APPLICANT CERTIFICATION

I/We certify that the information given on household composition, income, net family assets, allowances and deductions, as well as all other information provided is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable by federal law with fines up to \$10,000 or imprisonment for up to 5 years. I/We understand that false statements or information are grounds for termination of housing assistance, termination of tenancy, and/or retroactive rent increases.

My/Our signature(s) below constitutes my/our consent to have the Vermont State Housing Authority conduct a background check, including verification of the information contained herein. I/We hereby expressly consent to the release of information by prior landlords, employers, credit bureaus/references, criminal information centers, and other individuals or entities with information relevant to the information provided herein to representatives of the Vermont State Housing Authority processing this application and performing the background check.

**“I have read and understand this statement.”**

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse/or  
Co-Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

“The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that the Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname.”

Please put an “X” in the box next to the appropriate response.

<b>ETHNICITY:</b>	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Non-Latino
<b>RACE:</b>	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Black or African American
<b>GENDER:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> White
	<input type="checkbox"/> Female	

**Warning** - Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received, fined up to \$10,000, imprisoned for up to 5 years, and/or prohibited from receiving future assistance.

## APPLICANT CERTIFICATION

**Giving True and Complete Information** – I certify that all the information provided on household composition, income, family assets and items for allowances and deductions is accurate and complete to the best of my knowledge. I have reviewed the application form and certify that the information shown is true and correct.

**Reporting Changes in Income or Household Composition** – I know I am required to report immediately in writing any changes in income and in the household size. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.

**Reporting on Prior Housing Assistance** – I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

**No Duplicate Residence or Assistance** – I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not live anywhere else without notifying the Vermont State Housing Authority immediately in writing. I will not sublease my assisted residence.

**Cooperation** – I know I am required to cooperate in supplying any information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. I understand failure or refusal to do so may result in delays and termination of assistance.

**Criminal and Administrative Actions for False Information** – I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or state criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance.

**Signatures of All Household Adults**

**Date**

1.		
2.		
3.		
4.		









# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development

Office of Public and Indian Housing  
OMB CONTROL NUMBER 2501-0014  
exp. 1/31/2014

PHA requesting release of information; **(Cross out space if none)**  
(Full address, name of contact person, and date)

Vermont State Housing Authority  
One Prospect Street  
Montpelier VT 05602

IHA requesting release of information: **(Cross out space if none)**  
(Full address, name of contact person, and date)



**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the

U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

\_\_\_\_\_  
Head of Household Date

\_\_\_\_\_  
Social Security Number (if any) of Head of Household

\_\_\_\_\_  
Other Family Member over age 18 Date

\_\_\_\_\_  
Spouse Date

\_\_\_\_\_  
Other Family Member over age 18 Date

\_\_\_\_\_  
Other Family Member over age 18 Date

\_\_\_\_\_  
Other Family Member over age 18 Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

## DECLARATION OF CITIZENSHIP

**PART 1: APPLIES TO ALL FAMILY MEMBERS**

DATE: \_\_\_\_\_

Each person who will benefit under the Section 8 Rental Assistance program must either be a citizen or national of the United States or be a noncitizen that has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States or do not claim to be a noncitizen with eligible immigration status should not check any box.

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by any adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Age	I am a Citizen or National of the U.S.	OR	I am a Noncitizen with Eligible Immigration Status	Signature of adult listed to the left, or signature of guardian for minors
			<input type="checkbox"/>	OR	<input type="checkbox"/>	X
			<input type="checkbox"/>	OR	<input type="checkbox"/>	X
			<input type="checkbox"/>	OR	<input type="checkbox"/>	X
			<input type="checkbox"/>	OR	<input type="checkbox"/>	X
			<input type="checkbox"/>	OR	<input type="checkbox"/>	X
			<input type="checkbox"/>	OR	<input type="checkbox"/>	X

**Warning** – Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received, fined up to \$10,000, imprisoned for up to 5 years, and/or prohibited from receiving future assistance.

**HEAD OF HOUSEHOLD CERTIFICATION**

As head of household, I certify under penalty of perjury that all members of my household are listed on Part 1 of this form and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States or noncitizens with eligible immigration status.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Family members who have checked a box indicating that they are a noncitizen with eligible immigration status must complete Part 2 of this form.**

## DECLARATION OF CITIZENSHIP

### PART 2: APPLIES TO NONCITIZEN FAMILY MEMBERS ONLY

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

1. Form I-551: Alien Registration Receipt Card
2. Form I-94: Arrival-Departure Record with appropriate annotations or documents
3. Form I-688: Temporary Resident Card
4. Form I-688B: Employment Authorization Card
5. A receipt issued by the Immigration and Naturalization Service indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

Please call one of our offices to arrange for delivery and copying of original documents. **Do not mail original documents to this office.**

If documents are not presented and verified, your family's rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

### CONSENT TO VERIFY ELIGIBLE IMMIGRATION STATUS

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of adult listed to the left, or signature of guardian for minors	For VSHA Office Use Only INS Verif. #
			X	
			X	
			X	
			X	
			X	
			X	

Evidence supplied with this form may be released by the Vermont State Housing Agency without responsibility for its further use or transmission to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.

## ETHNICITY & RACIAL DATA

Must be completed by each member of the household (make copies as needed)

NAME:	<b>HOUSEHOLD MEMBER 1</b>					
SOCIAL SECURITY #/TRACS ID:						
<b>Relationship to Head of Household</b> (select one below):						
<input type="checkbox"/> Head of Household	<input type="checkbox"/> Co-Head of Household	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent	<input type="checkbox"/> Foster Child/Adult	<input type="checkbox"/> Other Adult	<input type="checkbox"/> Non-Member
<b>Ethnicity:</b> (select one)		<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Non-Hispanic or Non-Latino		
<b>Race:</b> (select all that apply)						
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American		<input type="checkbox"/> Native Hawaiian Or Other Pacific Islander		<input type="checkbox"/> White
Signature of adult listed above or guardian for minor						Date

NAME:	<b>HOUSEHOLD MEMBER 2</b>					
SOCIAL SECURITY #/TRACS ID:						
<b>Relationship to Head of Household</b> (select one below):						
<input type="checkbox"/> Head of Household	<input type="checkbox"/> Co-Head of Household	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent	<input type="checkbox"/> Foster Child/Adult	<input type="checkbox"/> Other Adult	<input type="checkbox"/> Non-Member
<b>Ethnicity:</b> (select one)		<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Non-Hispanic or Non-Latino		
<b>Race:</b> (select all that apply)						
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American		<input type="checkbox"/> Native Hawaiian Or Other Pacific Islander		<input type="checkbox"/> White
Signature of adult listed above or guardian for minor						Date

NAME:	<b>HOUSEHOLD MEMBER 3</b>					
SOCIAL SECURITY #/TRACS ID:						
<b>Relationship to Head of Household</b> (select one below):						
<input type="checkbox"/> Head of Household	<input type="checkbox"/> Co-Head of Household	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent	<input type="checkbox"/> Foster Child/Adult	<input type="checkbox"/> Other Adult	<input type="checkbox"/> Non-Member
<b>Ethnicity:</b> (select one)		<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Non-Hispanic or Non-Latino		
<b>Race:</b> (select all that apply)						
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American		<input type="checkbox"/> Native Hawaiian Or Other Pacific Islander		<input type="checkbox"/> White
Signature of adult listed above or guardian for minor						Date

<b>NAME:</b>	<b>HOUSEHOLD MEMBER 4</b>					
<b>SOCIAL SECURITY #/TRACS ID:</b>						
<b>Relationship to Head of Household</b> (select one below):						
<input type="checkbox"/> Head of Household	<input type="checkbox"/> Co-Head of Household	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent	<input type="checkbox"/> Foster Child/Adult	<input type="checkbox"/> Other Adult	<input type="checkbox"/> Non-Member
<b>Ethnicity:</b> (select one)		<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Non-Latino			
<b>Race :</b> (select all that apply)						
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian Or Other Pacific Islander	<input type="checkbox"/> White		
_____ Signature of adult listed above or guardian for minor						_____ Date

<b>NAME:</b>	<b>HOUSEHOLD MEMBER 5</b>					
<b>SOCIAL SECURITY #/TRACS ID:</b>						
<b>Relationship to Head of Household</b> (select one below):						
<input type="checkbox"/> Head of Household	<input type="checkbox"/> Co-Head of Household	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent	<input type="checkbox"/> Foster Child/Adult	<input type="checkbox"/> Other Adult	<input type="checkbox"/> Non-Member
<b>Ethnicity:</b> (select one)		<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Non-Latino			
<b>Race:</b> (select all that apply)						
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian Or Other Pacific Islander	<input type="checkbox"/> White		
_____ Signature of adult listed above or guardian for minor						_____ Date

<b>NAME:</b>	<b>HOUSEHOLD MEMBER 6</b>					
<b>SOCIAL SECURITY #/TRACS ID:</b>						
<b>Relationship to Head of Household</b> (select one below):						
<input type="checkbox"/> Head of Household	<input type="checkbox"/> Co-Head of Household	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent	<input type="checkbox"/> Foster Child/Adult	<input type="checkbox"/> Other Adult	<input type="checkbox"/> Non-Member
<b>Ethnicity:</b> (select one)		<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Non-Latino			
<b>Race</b> (select all that apply)						
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian Or Other Pacific Islander	<input type="checkbox"/> White		
_____ Signature of adult listed above or guardian for minor						_____ Date

# Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD)  
and to an Owner and Management Agent (O/A), and to a Public Housing  
Agency (PHA)

**U.S. Department of Housing  
and Urban Development**  
Office of Housing  
Federal Housing Commissioner

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.):

O/A requesting release of information (Owner should provide the full name and address of the Owner.):

PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.):

Vermont State Housing  
Authority  
One Prospect Street  
Montpelier VT 05602

**Notice To Tenant: Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.**

**Authority:** Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C. 653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

**Purpose:** In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

**Who Must Sign the Consent Form:** Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202; Sections 202 and 811 PRAC; Section 202/162 PAC
- Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Homeownership of Multifamily Units

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

**Consent:** I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

_____	_____
Head of Household	Date
_____	_____
Spouse	Date
_____	_____
Other Family Members 18 and Over	Date

Additional Signatures, if needed:

_____	_____
Other Family Members 18 and Over	Date
_____	_____
Other Family Members 18 and Over	Date
_____	_____
Other Family Members 18 and Over	Date

Original is retained on file at the project site  
ref. Handbooks 4350.3 Rev-1, 4571.1, 4571.2 & 4571.3 and HOPE II Notice of Program Guidelines

form HUD-9887 (02/2007)

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VERMONT STATE HOUSING AUTHORITY  
1 PROSPECT STREET  
MONTPELIER VT 05602

TO:

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